

**Application for Full-Time Equivalent Exemption for
Physicians and Nurses in Collaborative Practice**

All information below must be completed in full and include detail. Simple, incomplete sentence answers are not appropriate and will cause a delay in approval.

Information on CRNP/CNM, Collaborating Physician, and Practice Site(s)

CRNP/CNM

Name: _____
Telephone: _____
RN License#: 1- _____
Email: _____

Collaborating Physician

Name: _____
Email: _____
Alabama License#: _____

Detailed justification for exemption of physician's FTE allowance, as provided in §540-X-8-.04 and 540-X-8-.12 of the Alabama Administrative Code (Physicians are allowed 4 FTEs, unless granted an exemption under this rule.):

Length of Time (i.e., 6 months, 12 months, etc.) Exemption is Required: _____

Attestation: We hereby certify that all information above is true and correct, to the best of our knowledge and belief.

CRNP/CNM Signature

Date

Physician Signature

Date

Please return the completed form to:

Email (PDF): advancedpractice@abn.alabama.gov

Mail: Advanced Practice
Alabama Board of Nursing
P.O. Box 303900
Montgomery, AL 36130-390

Approved August 2019